

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/532178

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3	1		1			
4	1		1			
5	1			1		
6		1		1		
7				1		
8					1	
9					1	
10					1	
11					1	
12					1	
13					1	
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50						
TOTAL IND.	4		5			
TOTAL DEP.	2	←	11	←		←
TOTAL CLAIMS	6		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						